

ND ONE-CALL COMPLAINT

Public Service Commission SFN 59067 (1-14)

To allege a violation of the One-Call Excavation Notice System Law: North Dakota Century Code Chapter 49-23

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

PART A – WHO IS SUBMITTING THIS COMPLAINT (COMPLAINANT) PUBLIC SERVICE COMMI					
Company/Person Montana-Dakota Utilities Scott MacLean	Street Address 1133 W. Broadway	City Dickinson	State and Zip Code ND 58601		
Telephone and Cell Phone Number 701-456-7104 701-290-2472	Email Address scott.maclean@mdu.com		Date 8/6/2015		
☑ Complainant is willing and able to testify on the complaint if matter goes to formal hearing					

Montana-Dakota Utilities Scott MacLean	1133 W. Broadway	Dickinson	ND 58601
Telephone and Cell Phone Number 01-456-7104 701-290-2472	Email Address scott.maclean@mdu.com		Date 8/6/2015
Complainant is willing and able to t	estify on the complaint if matter go	es to formal hearing	
PART B – WHO VIOLATED TI	HE ONE-CALL REGULATION	ONS (RESPOND	ENT)
Company/Person	Street Address 4458 3rd Ave. W	City Dickinson	State and Zip Code ND 58602
Telephone and Cell Phone Number 01-223-6695 701-225-5197		Ema	il Address
71 220 0000 707 220 0101			
PART C – ALLEGED VIOLATI Operator failed to provide or update		-10	
 Excavator failed to provide excavat Excavator failed to provide required Notification center failed to transmit Notification center failed to inform t Operator failed to locate and mark Excavation started prior to undergroup Operator failed to mark undergroup Excavator failed to renew excavation Excavator failed to conduct the excellence Excavator failed to maintain the maintain the maintain 	d information in excavation or locat t the notice to every operator that he he excavator of the names of oper- underground facility within 48 hour ound facility locate and facility within 24 inches horizonta on or location request prior to the e pavation in a careful and prudent markings during excavation	on notice as an underground fa ators of underground fa ally xpiration of the twenty	cility in the area of the excavation facilities in the area
Location of Violation: Oth St. E and 4th Ave. E Dickinson, ND 58601 Date and Time of Violation: 29/2015 3:05pm Description (summarize the observation)		riolation) If more space	e is required, please provide the
Ocation of Violation: Dith St. E and 4th Ave. E Dickinson, ND 58601 Date and Time of Violation: 29/2015 3:05pm Description (summarize the observation description on a separate page. Distribution Gas Mane was deeper". Northern Improvement failed to expense of the control of th	ns on which you rely to allege the value to allege the value of the va	Northern Improvement Grad	ding Supervisor had expressed " I thought the gas
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Estimated Value of Damage (damage a 108.75 Other impact of event: Please attach photos of Event Area or PART I – SIGNATURE	Injuries Official and the control of the control o	Northern Improvement Grang the gas main was where the gas was which was white was white was white was where the ga	ting Supervisor had expressed "I thought the gas they were working. -patient Hospitalization UTILITIES umber of Customers Affected
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Send Completed, Original Complaint To:

Public Service Commission 600 E Boulevard Ave Dept 408 Bismarck ND 58505-0480 Telephone: (701) 328-2400

PU-15-627 Filed 08/07/2015 Pages: 5 North Dakota One Call Complaint (6-29-15, 3:05 p.m.) Montana-Dakota Utilities Co., a Division of MDU Resources Group, Inc. Scott MacLean

INVOICE

SOLD TO:

Northern Improvement 4458 3rd Ave W. DICKINSON ND 58601 Invoice Number:

20798

Customer Number:

Invoice Date:

808135 07/15/15

Reference Number: DCK MDUG- 20150630-00339

Amount Due:

\$908.75

Due Date:

08/14/15

Return upper portion with your payment to address listed on back

Terms: Net 30 Days

Reference:

40TH ST E & 4TH AVE E

Line	Due Date	Description	Amount
001	08/14/15 RE	PAIR GAS MAIN	\$908.75
	HIT BY TRACKHOE \$666.53 - LABOR	6/29/15	

\$ 65.91 - EQUIPMENT \$176.31 - MATERIALS

Please put invoice number 20798 on payment.

Total	Tax Rate	Tax	Total Amount Due
\$908.75			\$908.75

Please mail payment to: Montana-Dakota Utilities Co. Attn: Revenue Accounting 400 North 4th Street Bismarck, ND 58501-4092

REPORT OF DAMAGE TO COMPANY-OWNED PROPERTY (NOTE: Please refer to the bottom of this form before proceeding with completion.)	
Part A Owner of Property: MDU Time of Damage: 15:02 PM District: DICKINSON Date of Damage: 6	/29/2015
Name of Location Where Damage Occurred: 40th St. E. & 4h Ave. E Dickinson, ND	
Location of Damaged Property: Intersection	
Rural Location: no	
Estimated Amount of Loss: n/a First Responder Order No. (If applicable): MDUG-2015062	
CC&B Account # (If Applicable): MDU Service Order No. (If applicable): MDUG-2015063	0-00339
If damaged meter, meter number: Additional Work Order (If applicable):	
Description and Cause of Loss or Damage Type of meter:	
Line Struck by Trackhoe	
Part B	
Did Loss or Damage Originate on our Premises? (If no, Explain):	
MDU gas facilities located in public right of way	The base
If an Explosion, did a Fire Ensue? N (How was Fire Extinguished?)	
If an Explosion, did a Fire Ensue? N (How was Fire Extinguished?)	
If Electrical Property is Involved, Fill in the Following Supplemental Data:	
Type of Equipment Involved:	
Damage caused by Electrical Arcing, Short Circuit or Other Failure, Give Approximate Cause	
If Electrical, Did a Fire Ensue?	
Part C	
If damage was caused by excavation, was location of our facilities requested prior to digging? Location requested by: Northern Improvement Time: Date:	
Location requested by: Northern Improvement Time: Date: Date:	
Company property located on:	
Damage notification by: Northern Improvement Time: 1:50pm Date: 6/29/201	5
Was damager a subcontractor: Y If yes, for whom: City of Dickinson	Marie Carlot
Who to bill for damages:	
Name of who to Bill: Northern Improvement Name of Equipment Operator: Herb Sherman	
Address of who to Bill: 4458 3rd Ave. W. Type of equipment: backhoe/trackhoe	
Address of who to Bill: 4458 3rd Ave. W. Type of equipment: backhoe/trackhoe Dickinson, ND 58602 Operator's Address:	
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Others involved in Property Dama	DAMAGE TO C	OMPAN	-OWN	ED PR	OPERTY
Names of Persons Involved	ige:	Addres			Phone Numbe
Witnesses to Property Damage:	· ·				
Names of Witnesses					
Scott Maclean (MDU)	<u>Address</u>			Phone Number	
In case of line break, complete the	follows				
Decatherms of gas to bill: n/a				Time	<u>Date</u>
Part D	Size of hole(in):	1/4 Tim	e line blew:	1 hr.	6/29/2015
Names of Persons Injured		Address			Extent of Injury
Date: 6/29/2015 Approved By: H. Jose 7/1/2015 CC&B Account #: Email this completed form to MDUR		C&B Field Ac	•		
se this form to make an immediate product damage is caused by any of the fol 1) Fire, lightning, inherent expriot and civil commotion, value and civil commotion, value and or part of an object). 3) Loss of or damage to propulation.	eliminary report of all da lowing, complete Part colosion, implosion, win andalism, malicious mi lor machinery (an accid	amage to or lo s A, B, & D, i dstorm, tornal schief, aircraft dent being a s	ss of com f applicate do, flood, f t, or smok udden and	pany-own ple. electrical a ce damage d accident	arcing, short circuit, hail, e. al breakdown of an object
amage was <u>caused by others</u> , com	plete Parts A C & D :	f and 12	stanation,	movemer	nt or dismantling including
Name	Employee #				
	projec #	ПО	urs	Unit #	Hours/Miles
l charges including material, labor,					
uipment, billed on PCAD order.					
Control of the Control					
No. of the Control of					
					The state of the s

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MONTANA-DAKOTA UTILITIES/GREAT PLAINS NATURAL GAS GAS LEAK AND REPAIR REPORT

Reason For Report:		5 .	1 60 0	045	
District: DICKINSON		Date:	June 29, 2015		
Address:	40th St. E. & 4th Ave. E.	Town:	Dickinson, ND		
First Responder(s):	D. Lowe				
Leak Classification:	Class I	6/29/2015	Time:	15:02 PM	
	Person was Dispatched:oair Person Responded:	6/29/2015	Time:	13.02 FIVI	
From What L	ocation (Town) did Leak Respond Person				
Type of Line:	boation (Town) aid Leak Nespond Person	Leave. Dickinson			
Location: Map #:		Block Number:	Lot Number:		
If Rural Service Line:	Transmission Line Number:		Line Name:	Status Carlos	
Survey Location:	Premise ID #:		On Federal Land (Y/N):	N	
Describe Specific Location:					
- 200 Spooms = 300mon					
Pipe Size:	4"	Length Exposed:	8'		
Type of Pipe:	Plastic If steel, is it cathodically protected		Pipe/Wire to Soil:	-1.1	
Soil Conditions:	Clay/Sand				
Original Installation Date:	2015 Operating Pr	essure: MP-	25#		
Kinds of Leak:					
Description of Leak:	Trackhoe punctured main				
				Part Control of the Control	
Method of Repair:	Replaced damaged portion w/pre-teste	d pipe, soap tested I	E.F. Couplings		
Date Repaired:	6/29/2015 S.O. #: MDUG-2015063		follow up (if required):		
If a DOT Reportable Leak:	Date and Time of Telephone report:			CHANGE TO THE	
To whom was lea					
. 5					
Remarks: Squeezed o	ff gas main (2 locations), replaced damaged	portion w/pre-tested	pipe, soap tested final E.F. c	ouplings.	
Tomano.	See (2 resultations), replaced duringsed				
Process and the second states					
Signed: D. Lowe/M	Noble				
D. Lowe/IV	I. NODIC				
spin strain					
Signed: H. Jose					
п. лове					